



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION
COMBATIVE SPORTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR PERMIT TO HOLD AMATEUR MIXED MARTIAL ARTS EVENT
INSTRUCTION SHEET**

Before Applying for a Permit (Part D of the Rules and Regulations, Sections 19.0 and 20.0)

The promoter must obtain the following:

- ☐ Approval of sanctioning body for the event date
- ☐ Delaware [business license](#) from the Division of Revenue.

Applying for a Permit

The promoter must submit the Permit application and documentation listed below **at least 30 days before the event**.

- ☐ Submit completed, signed and notarized [Application for Permit to Hold Amateur Mixed Martial Arts Event](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Submit a copy of insurance cards or other documents covering the *scheduled event, officials and each participant*.
- ☐ Complete and enclose *Bond Form* following instructions on the form. The State must hold the original Bond Form.
 - Promoter is required to post a bond in the amount not less than \$5,000.
 - The surety company must be authorized to do business in Delaware.
- ☐ Attach approval form/letter provided by sanctioning body.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- ☐ Confirm that all fighters have a national MMA ID card/number from their state of residence. If a fighter who resides in Delaware does not have a card/number, follow the instructions on the [Application for Mixed Martial Arts National Identification Card](#).
- ☐ Send the application, fee and supporting documentation **to the attention of Combative Sports** at the address above.

Additional Information to Provide to Sanctioning Body (Rules and Regulations Part D, Sections 19.0 and 20.0)

The promoter must provide the sanctioning body with proof that he/she has:

- ☐ Hired two EMT's with an ambulance
- ☐ Hired two paramedics with life-saving equipment and life-saving medicines
- ☐ Hired one or more Delaware-licensed physicians to conduct pre- and post-fight physicals and to be on-site during and directly after the event
- ☐ Hired security personnel to maintain order and provide for safety during and after the event
- ☐ Purchased liability insurance per the requirements of the venue

During the Event (Part D of the Rules and Regulations, including Sections 3.0, 7.0, 18.0 and 20.0)

Representatives of the Division of Professional Regulation and the sanctioning body will be present during the event.

You are required to make the following supplies available at the event:

- Fight gloves (new, 7-oz., approved by sanctioning body)
- Shin/In-step guards
- Duct tape
- Gauze (one-inch width) and adhesive (one-inch width) for fighter wraps
- Disposable gloves for corner persons
- Water for all fighters and officials
- Clean water buckets
- Stools for both corners
- Hand sanitizer at the equipment table
- Over-the-counter pregnancy tests for any female contestants

You must reimburse the sanctioning body for any random drug testing conducted on-site that it deems necessary.



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PERMIT FEE: \$160.00

ENCLOSE CHECK OR MONEY ORDER MADE PAYABLE
TO THE "STATE OF DELAWARE" WITH APPLICATION.

FOR OFFICIAL USE ONLY:

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APPLICATION FOR PERMIT TO HOLD AMATEUR MIXED MARTIAL ARTS EVENT

The promoter must complete this application form. The Division of Professional Regulation must receive all of these items no later than 4:30 PM thirty days before the event:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

PROMOTER INFORMATION

Name of Business Under Which Event Promoted			Delaware Business License #	
Business Street Address	City	State	Zip Code	
Promoter Last Name	First Name	Middle Initial	Social Security Number	
Street Address				
City		State	Zip Code	
Phone	Fax Number	Email Address		
Have you purchased the required medical/liability coverage for the event, officials and each participant? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Promoter must purchase the required coverage and submit a copy of insurance cards or documents no later than five days before the scheduled event.				
Is the event sanctioned by an approved sanctioning body? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, the Director or his designee will not issue a permit to hold the event.				
Promoter is required to post a bond in the amount not less than \$5,000. The surety company must be authorized to do business in Delaware. Attach Bond Form.				
Surety Company Name		Phone	Amount Of Surety Bond	
Street Address		City	State	Zip Code

PROMOTER HISTORY

Have you ever held any license or permit related to mixed martial arts in any jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all jurisdictions:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Do you have any interest (financial or otherwise) directly or indirectly with the sanctioning body listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe your interest:			

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PROMOTER HISTORY (CONTINUED)

Have you ever been subject to disciplinary action by any athletic commission or by any mixed martial arts licensing authority in any jurisdiction? ☐ YES ☐ NO If yes, explain here and provide supporting information and/or documentation including a copy of the disciplinary decision or order: _____

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EVENT INFORMATION

Name Of Event			Are any championship/title bouts included in this event? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify which bouts this includes: _____ _____ _____		
Street Address Of Location For Event			City	State	Zip Code
Location Contact Last Name	First Name	Middle Initial	Title	Phone	
Date Of Event (MM/DD/YYYY)		Time Of Event			
What is the building seating capacity? _____		Is there an entrance fee for the spectators? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter entrance fee amount: _____			
Name of Sanctioning Body					
Attach approval form/letter provided by sanctioning body.					

CONTACT INFORMATION FOR SANCTIONING BODY

Last Name		First Name		Middle Initial
Street Address			Email Address	
City			State	Zip Code
Phone		Fax Number		

MATCHMAKER INFORMATION

Last Name		First Name		Middle Initial
Street Address			Email Address	
City			State	Zip Code
Phone		Fax Number		

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**APPLICATION FOR PERMIT TO HOLD AMATEUR MIXED MARTIAL ART EVENT
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MATCHMAKER INFORMATION (CONTINUED)

Has the matchmaker ever held a license/permit related to mixed martial arts in any jurisdiction? ☐ YES ☐ NO **If yes, list all licenses:**

License Number	City	State
License Number	City	State
License Number	City	State
License Number	City	State

Is the matchmaker registered with any sanctioning body? ☐ YES ☐ NO **If yes, list all:**

Sanctioning Body	City	State
Sanctioning Body	City	State
Sanctioning Body	City	State

MATCHMAKER HISTORY

Approximately how many times has the matchmaker matched fighters for mixed martial art events? _____

List date and location of the last five events in which the matchmaker matched the fighters:

1. _____
2. _____
3. _____
4. _____
5. _____

Has the matchmaker ever been subject to disciplinary action by any athletic commission or by any mixed martial arts licensing authority in any jurisdiction? ☐ YES ☐ NO **If yes, explain here and provide supporting information and/or documentation including a copy of the disciplinary decision or order:** _____

Does the matchmaker have an interest (financial or otherwise) of any kind in the promotion? ☐ YES ☐ NO **if yes, what interest does he or she have?** _____

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BOND FORM FOR COMBATIVE SPORTS EVENTS

INSTRUCTIONS

- If Principal is a partnership, state all partners at beginning of Bond. All partners must sign the Bond.
- If Principal is a corporation, the president or vice-president **must** sign for the corporation. The secretary, assistant secretary, treasurer or assistant treasurer must attest their signatures.
- The Corporate Surety, if signing by an Attorney In Fact, must attach to the Bond a Power of Attorney bearing a certification date the same as, or after the date of the Bond.
- For out-of-state corporate sureties signed outside of the State of Delaware, a Qualified Delaware Resident Agent must countersign the Bond.

Enclose bond with the permit application and send it to "Combative Sports" at the address above. The original bond form will be kept on file by the Division of Professional Regulation.

BOND MUST BE ON FILE WITH THE DIVISION BEFORE PERMIT IS ISSUED

Know all men by these presents, that we _____ (Name of Promoter) of _____ (Address, City, State, Zip), hereinafter referred to as the principal, and _____ (Bonding Co.- Surety), a corporation organized and existing under the laws of the State of _____ and authorized to do business in the State of Delaware, as surety, are held and firmly bound unto the State of Delaware and the Division of Professional Regulation herein after referred to as obligee, in the sum of \$ _____ lawful money of the United States of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors and assigns, firmly by these presents.

The condition of this obligation is such, that whereas, the principal has made application for a permit to the obligee for the purpose of a **Combative Sports Event**.

This bond shall be conditioned upon the faithful performance by the promoter of his obligations under Combative Sports Rules and Regulations of the State of Delaware promulgated pursuant to 24 Del. C. §103(b)(1), including, but not limited to, the fulfillment of his contractual obligations to contestants, managers and other licensees and the payment of all license and permit fees.

Now, therefore, if the principal shall faithfully comply with all laws, ordinances, rules and regulations which have been or may hereafter be in force concerning said registration, and shall save and keep harmless the obligee from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said permit to the principal, then this obligation shall be void; otherwise, to be and remain in full force and effect.

Any proceeding legal or equitable, under this Bond may be brought in any court of competent jurisdiction in the State of Delaware. Notices to Surety and Principal may be mailed or delivered to them at their respective addresses shown below.

This bond will expire on _____ (Date), but may be continued by continuation certificate signed by principal and surety. The surety may at any time terminate its liability by giving thirty (30) days written notice to the obligee, and the surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hand and seals, and such of them as are corporations have caused their corporate seal to be hereto affixed and these presents to be signed by their duly authorized offices

Signed, Sealed and Dated this _____ day of _____, 2_____.

PRINCIPAL

(If Principal is a corporation, the president or vice-president must sign for the corporation.)

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

(If Principal is a corporation, the secretary, treasurer or their assistants must attest the signatures above.)

By: _____

Name: _____

Title: _____

Address: _____

BONDING COMPANY

(If signed by an Attorney In Fact, attach Power of Attorney.)

EIN (Federal ID Number): _____

Surety: _____

By: _____

By: _____

Name: _____

Name: _____

Address: _____

Address: _____

QUALIFIED DELAWARE RESIDENT AGENT

(This is required if out-of-state corporate surety signed outside of the State of Delaware.)

By: _____

Title: _____

APPROVAL OF BOND

This bond form is approved as to form and legality by:

Division of Professional Regulation on _____ (Date) by _____, **Director**